

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	3✓	05-04-01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	932	5/25
FORMALITY REVIEW	<i>[Signature]</i>	712	06-29-01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		09-19-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	✓ 4-1-03
2	✓ 4-1-03
3	✓ 4-1-03
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Claim	Date
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Claim	Date
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RESTAURANT COPY

If more than 150 claims or 10 actions
staple additional sheet here

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8/6/01
 RSP
 850
 9/19/01